06/11/2009 17:17

Image# 29934004877

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Massachusetts Republican State Congressional Committee 85 Merrimac Street, Suite 400 ADDRESS (number and street) Check if different than previously **Boston** MA 02114 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00042622 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 04 2008 MA Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2008 10 2008 15 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Brent Andersen Type or Print Name of Treasurer Electronically Filed by Brent Andersen 06 11 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Massachusetts Republican State Congressional Committee D D ^b D 1.0 0 1 2008 1.0 15 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 14344.34 2008 January 1 (b) Cash on Hand at 89949.01 Begining of Reporting Period 21090.00 760402.71 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 111039.01 774747.05 6(a) and 6(c) for Column B) 65719.83 729427.87 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 45319.18 45319.18 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 31377.09 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530

Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

0 1 1^D5 м м 1 0 2008 м м 1 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 509609.38 11300.00 (i) Itemized (use Schedule A) 3790.00 144220.51 (ii) Unitemized (iii) TOTAL (add 15090.00 653829.89 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 26261.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 15090.00 680090.89 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 6000.00 67000.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 3228.99 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 10082.83 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 10082.83 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 21090.00 760402.71 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 21090.00 750319.88 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 49520.51 (i) Federal Share..... 0.00 10870.35 (ii) Non-Federal Share..... (b) Other Federal Operating 53619.19 528861.05 Expenditures..... (c) Total Operating Expenditures 53619.19 589251.91 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 15000.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 952.09 1852.09 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 750.00 1025.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 750.00 1025.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 10398.55 122298.87 With Federal Funds (c) Total Federal Election Activity (add 10398.55 122298.87 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 65719.83 729427.87 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 65719.83 718557.52 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) Line 11(d), page 3)	15090.00	680090.89
 Contribution Refunds	750.00	1025.00
Contributions (other than loans) tract Line 34 from Line 33)	14340.00	679065.89
Federal Operating Expenditures Line 21(a)(i) and Line 21(b))	53619.19	578381.56
ets to Operating Expenditures n Line 15, page 3)	0.00	3228.99
Operating Expenditures tract Line 37 from Line 36)	53619.19	575152.57

FE6AN026

Form/Schedule : F3XA

Transaction ID:

All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-o-

ccupation if one was not provided in order to meet best efforts policy.

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 45 (check only one) X 11a 11b 11c 12 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cor	Statements may not be sold or used by any perse name and address of any political committee togressional Committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Lori Anastos Mailing Address P.O. Box 821 City Yarmouth FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code ME 04096 C Occupation Bookkeeper Aggregate Year-to-Date 1000.00	Date of Receipt M M D D 2 0 0 8
Full Name (Last, First, Middle Initial) Harold Chesson Mailing Address 176 S. Pond Rd. City East Brookfield FEC ID number of contributing federal political committee. Name of Employer Gavitt Wire & Cable Co Receipt For: Primary General Other (specify)	State Zip Code MA 01515 C Occupation Manager Aggregate Year-to-Date 200.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Lawrence Cohn Mailing Address 45 Single Tree Road City Chestnut Hill FEC ID number of contributing federal political committee. Name of Employer Brigham & Womens Hospital Receipt For: Primary General Other (specify)	State Zip Code MA 02467 C Occupation Cardiac Surgeon Aggregate Year-to-Date 1250.00	Date of Receipt M M M O O O O O O O O O O O O O O O O
SUBTOTAL of Receipts This Page (optional)		1350.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 45 (check only one) X
\	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cor	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
7	Full Name (Last, First, Middle Initial)	igiessional o	Ommittee	
۱.	J.W. Cranney Mailing Address PO Box 55			Date of Receipt 1 0 0 3 2 0 0 8
	City Belmont	State MA	Zip Code 02478	Transaction ID: 81017.C171148 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupatio Consulta Aggregate		Receipt
- 3.	Full Name (Last, First, Middle Initial) Barbara Ebert Mailing Address 16 Brewster Road	0 0		Date of Receipt
	City	State	Zip Code	1 0 0 7 2 0 0 8 Transaction ID: 81017.C171178
	Wayland	MA	01778	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Retired	Occupatio Retired	n	Receipt
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Albion Fletcher	1		Date of Receipt
	Mailing Address 135 West St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>Braintree</u>	State MA	Zip Code 02184	Transaction ID: 81017.C171182 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	OZIOT	100.00
	Name of Employer General Electric Co.	Occupatio Engineer		Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 200.00	
	SUBTOTAL of Receipts This Page (optional)			850.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 45 (check only one) X 11a 11b 11c 12 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) Massachusetts Republican State Con	gressional Committee	
Full Name (Last, First, Middle Initial) Edmund Goodhue Mailing Address 16 Cornerstone Drive DO NOT MAIL		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bridgewater	State Zip Code MA 02324	Transaction ID: 81017.C171245 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) Jose Jorge Mailing Address 118 Inman Street		Date of Receipt
Apt.1	State Zip Code	1 0 0 3 2 0 0 8 Transaction ID: 81017.C171149
Cambridge	MA 02139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) Paul Lohnes		Date of Receipt
Mailing Address 300 Bent St DO NOT MAIL		10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cambridge	State Zip Code MA 02141	Transaction ID: 81017.C171165 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Information Requested	Occupation Corporate Officer	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional) .	1	1200.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 45 (check only one) X
,	any information copied from such Reports and r for commercial purposes, other than using the	Statements mane name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Cor	ngressional C	committee	
٠.	Full Name (Last, First, Middle Initial) John Medgyesy			Date of Receipt
	Mailing Address 64 Stone Hedge Ln.			10 10 2008
	City	State	Zip Code	Transaction ID: 81017.C171225
	Attleboro	MA	02703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Retired	Occupatio Retired	n	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) John ORourke			Date of Receipt
	Mailing Address 955 Massachusetts A	M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1		
	City	State	Zip Code	Transaction ID: 81017.C171162
	Cambridge	MA	02139	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00 Receipt
	Name of Employer Retired	Occupatio Retired		Neceipi
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		300.00	
	Full Name (Last, First, Middle Initial) Jonathan Peabody			Date of Receipt
	Mailing Address 76 Camp Meeting Rd			10 07 2008
	City	State	Zip Code	Transaction ID: 81017.C171171
	Topsfield	MA	01983	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Peabody Office Furniture	Occupatio Owner		Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 200.00	
Γ	SUBTOTAL of Receipts This Page (optional)			350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 45 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong	e name and add	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Henri Rauschenbach Mailing Address 20 Depot Road PO Box 1064 City Brewster FEC ID number of contributing federal political committee. Name of Employer Smith and Rauschenbach Receipt For: Primary General Other (specify)	State MA C Occupatio Attorney Aggregate	Zip Code 02631 n e Year-to-Date ▼ 500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Grant Rodkey Mailing Address 11 Beatrice Circle City Belmont FEC ID number of contributing federal political committee. Name of Employer VA Boston Healthcare System Receipt For: Primary General Other (specify)	State MA C Occupation Surgeon Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Rosmarie Scully Mailing Address 30 Somerset St. City Belmont FEC ID number of contributing federal political committee. Name of Employer Scully Signal Receipt For: Primary General Other (specify)	State MA C Occupation Presiden Aggregate		Date of Receipt M M M O O O O O O O O O O O O O O O O
SUBTOTAL of Receipts This Page (optional)			1750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 45 (check only one) X 11a
<i>A</i>	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Massachusetts Republican State Cor	ngressional C	ommittee	
	Full Name (Last, First, Middle Initial) Steven Snider Mailing Address 114 Shornecliffe Road			Date of Receipt
	- TI4 Shortlechile Hoad	u		10 07 2008
	City	State	Zip Code	Transaction ID: 81017.C171175
	Newton	MA	02458-2421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer Pyramis Global Advisors	Occupatio Portfolio	n Manager	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 10000.00	
	Full Name (Last, First, Middle Initial) Elaine Tierney			Date of Receipt
	Mailing Address 82 Lionel Ave Apt D			M M / D D / Y Y Y Y Y 1 1 0 1 0 2 0 0 8
	City	State	Zip Code	Transaction ID: 81017.C171275
	Waltham	MA	02451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Retired	Occupatio Retired		Receipt
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Stephen Washburn	1		Date of Receipt
	Mailing Address 80 Somerset Street			10 07 7 2008
	City	State	Zip Code	Transaction ID: 81017.C171188
	Belmont	MA	02478	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Self Employed	Occupatio Psychiat	ry	Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		200.00	
Γ	SUBTOTAL of Receipts This Page (optional)			5600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 13/45 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Paul Watkins Date of Receipt Mailing Address 63 Garden Rd. 10 07 2008 DO NOT MAIL City State Zip Code Transaction ID: 81017.C171187 Wellesley MA 02481 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Receipt Name of Employer Retired Occupation Retired Receipt For: Aggregate Year-to-Date Primary General 200.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	200.00
TOTAL This Period (last page this line number only)	•	11300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 45 (check only one) 11a 11b 11c X 12 13 14 15 16 17
	d Statements may not be sold or used by any persithe name and address of any political committee to	
NAME OF COMMITTEE (In Full) Massachusetts Republican State Co	ongressional Committee	
Full Name (Last, First, Middle Initial) Republican National Committee Mailing Address 310 First Street SE PO Box 77416 City	State Zip Code	Date of Receipt M M
Washington FEC ID number of contributing federal political committee. Name of Employer Political Committee	DC 20003- C C00003418 Occupation	Amount of Each Receipt this Period 6000.00 Transfers From Affil./Aut- h.
Political Committee Receipt For: Primary General Other (specify) ▼	FEC ID: C00003418 Aggregate Year-to-Date ▼ 67000.00]

SUBTOTAL of Receipts This Page (optional)	•	6000.00
TOTAL This Period (last page this line number only)	•	6000.00

	CHEDOLE B (FEC FO	-	Use sepa	arate schedule(s)	FOR LINE		45
IT	EMIZED DISBURSEI	MENTS	for each	category of the Summary Page	(check only 21b 27	y one) 22 23 24 25 28a 28b 28c 29	П
						or the purpose of soliciting contribution licit contributions from such committee	
· ·	NAME OF COMMITTEE (In Fu			bo or any pomiour			
	Massachusetts Republican	•	essional Cor	nmittee			
	Full Name (Last, First, Middle In Scr & Associates, LLC	itial)				Transaction ID: 81017.E10682 Date of Disbursement	
	Mailing Address 4 Lebland	: Dr				10	8 ^Y
	City Danvers		State MA	Zip Code 01923-		Amount of Each Disbursement this	
	Purpose of Disbursement Fundraising Consultant Fee - pa	rty related non	FEA			5000.00)
	Candidate Name				Category/ Type		
	Office Sought: House Senate Presiden		Primary Other (spe	General ecify) ▼		FUNDRAISING CONSULTANT - PARTY RELATED NON FEA	FEE
	State: District: Full Name (Last, First, Middle In	itial)				Transaction ID: 01017 F10770	
	Southwest Airlines					Transaction ID: 81017.E10772 Date of Disbursement	
	Mailing Address P.O. Box	36647 - 1CF	3			10 M / D D D / Y Y Y O Y S	8 ^Y
	City Dallas		State TX	Zip Code 75235-1647		Amount of Each Disbursement this	Perio
	Purpose of Disbursement C. Faulkner reimbursement for a	irfare for traini	ng			325.00)
	Candidate Name		-		Category/ Type		
	Office Sought: House Senate Presiden		orsement For: Primary Other (spe	General		C. FAULKNER REIMBURSEME FOR AIRFARE FOR TRAINING	ENT
	State: District: Full Name (Last, First, Middle In	itial)				T ID 04047 F40740	
	Blue Cross Blue Shield of N	•	ts			Transaction ID: 81017.E10712 Date of Disbursement	
	Mailing Address Landmark 401 Park					10 / 10 / 2008	8
	City Boston		State MA	Zip Code 02215-		Amount of Each Disbursement this	
	Purpose of Disbursement Health Insurance					3163.44	4
	Candidate Name			Category/ Type			
	Office Sought: House Senate Presiden State: District:		Primary Other (spe	General ecify) ▼		HEALTH INSURANCE	
	Jidiiot.						

В.

C.

SCHEDULE B (FEC Form 3X)		EODLINE	NUMBER: PAGE 16 / 45
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
TI EMIZED DIODOTIOEMENTO	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem		by any person f	for the purpose of soliciting contributions
or for commercial purposes, other than using the name	e and address of any political	committee to so	licit contributions from such committee
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: 81017.E10713
Css Castle Self-Storage			Date of Disbursement
Mailing Address 39 Old Colony Ave.			10 10 7 2008
•	State Zip Code MA 02127-		Amount of Each Disbursement this Period
Purpose of Disbursement	WA 02127-		329.00
Storage			
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate	ment For: Primary General		STORAGE
President	Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
Bloomington Crowne Plaza			Transaction ID: 81017.E10680 Date of Disbursement
Mailing Address 5401 Green Valley Dr.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $
City	State Zip Code		Amount of Each Disbursement this Period
Minneapolis	MN 55437-		
Purpose of Disbursement Brunch Fee		• •	3395.80
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate	ment For: Primary General		BRUNCH FEE
President	Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
DataMarks			Transaction ID: 81017.E10730 Date of Disbursement
Mailing Address 37B Averill Street, PO. B	ox 68		10 M / D D / Y 2008 Y
	State Zip Code MA 01983-		Amount of Each Disbursement this Period
Purpose of Disbursement Mail Processing		· ·	593.03
Candidate Name		Category/ Type	
Senate	ment For: Primary General	. 75-0	MAIL PROCESSING
State: President State:	Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			4317.83

TOTAL This Period (last page this line number only)

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 17 / 45
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Stater	nents may not be sold or used by			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
Massachusetts Republican State Congres	sional Committee			
Full Name (Last, First, Middle Initial) Christopher Faulkner			Transaction ID: Date of Disbursem	
Mailing Address 12800 Sandy Court			10 0 1	
City Granger	State Zip Code IN 46530-		Amount of Each D	isbursement this Period
Purpose of Disbursement				325.00
Reimbursement - see below				
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)		REIMBURSEME	NT - SEE BELOW
State: District:				
Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)			Transaction ID: Date of Disbursem	
Mailing Address PO Box 371461			10 0 2	2008
City Pittsburgh	State Zip Code PA 15250-		Amount of Each D	isbursement this Period
Purpose of Disbursement Express Mail		0 0	0 0 0	212.25
Candidate Name	C	Category/ Type		
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		EXPRESS MAIL	
Full Name (Last, First, Middle Initial)			Transaction ID:	01017 [10770
Aaron Goulette			Date of Disbursem	ent
Mailing Address 65 Victoria St. #20			10 0 1	2008
City Manchester	State Zip Code NH 03101-		Amount of Each D	isbursement this Period
Purpose of Disbursement				524.27
Reimbursement see below Candidate Name		Category/ Type		
Office Sought: House Senate President State: Disburs	ement For: Primary Other (specify)	71:-	REIMBURSEME	NT SEE BELOW
<u> </u>				1061.52
SUBTOTAL of Disbursements This Page (optional)		<u></u>		1001.02

TOTAL This Period (last page this line number only)

	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)				NUMBE	ER:			P	AGE	18 / 4	45
	EMIZED DISBURSEMENTS	for each of Detailed	category of the Summary Page		X	eck on 21b 27	22 28a		23 28b	F	24 28c		25 29	26
	y Information copied from such Reports and Statem for commercial purposes, other than using the name													3
10.	NAME OF COMMITTEE (In Full)	o and address	55 or arry political	0011		00 10 30	JIIOIC 00111	. I I D G I	10110 1		1 30011		inttoo	
	Massachusetts Republican State Congress	sional Con	nmittee											
	Full Name (Last, First, Middle Initial) Staples, Inc.								on IE		81017 ent	7.E1	0779	
	Mailing Address Staples Credit Plan Dept. 80 - 0088936796						1 ^M 0		/ D	0 1	/	ž	ο ὁ ε	3 Y
		State IA	Zip Code 50368-9020				Amo	unt o	f Eac	h D	isburse	emen	t this F	Period
	Purpose of Disbursement A. Goulette reimibursement for office supplies and	furniture		Г			L.					5	24.27	7
	Candidate Name				ateg									
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼		Тур	<u> </u>	MEM RSEI ES A				LETTI OFFI ΓURE	E RE	EIMIB SUPF	U- PLI-
_	Full Name (Last, First, Middle Initial)						Tran	sact	on IE):	81017	7.E1	0709	
•	James Greene						Date M	М	isburs			Y	Y	Υ
	Mailing Address 3 Brown Terrace						1 0		L	1 0		2	0 0 8	3
	•	State MA	Zip Code 02130-				Amo	unt o	f Eac	h D	isburse	emen	t this F	Period
	Purpose of Disbursement Reimbursement for mileage			Г	0		L.			0		1	27.94	
	Candidate Name				ateg									
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼				REIN	1BU	RSE	ME	NT F	OR N	MILEA	AGE
_	Full Name (Last, First, Middle Initial)						_		-		81017	7.E1	0765	
•	Guardian Guardian						M	М	isburs			γ <u>γ</u>	Y	Υ
	Mailing Address Boston Group Office 1 Liberty Square						1 0			0 1		. 2	οŏε	3
		State MA	Zip Code 02109-				Amo	unt o	f Eac	h D	isburse	emen	t this F	Period
	Purpose of Disbursement Dental Insurance			Г	v		L.	_		-		4	99.75	5
	Candidate Name				ateg									
	Senate President	ment For: Primary Other (spe	General cify) ▼				DEN	TAL	INS	UR	ANCE			
Г	State: District:									_				
١,	BUBTOTAL of Disbursements This Page (optional) .					•						6:	27.69)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINI	E NUMBER: PAGE 19 / 45	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		y any person	for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)				
Massachusetts Republican State Congress	sional Committee			
Full Name (Last, First, Middle Initial)			Transaction ID: 81017.E10676	
Bruce Harrison			Date of Disbursement	
Mailing Address 101 Elm St				
City Wakefield	State Zip Code MA 01880-		Amount of Each Disbursement this Period	d
Purpose of Disbursement	Г		165.00	
Reimbursement for travel mail and office supplies				
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify) ▼		REIMBURSEMENT FOR TRAVEL MAIL AND OFFICE SUPPLIES	
State: District:				
Full Name (Last, First, Middle Initial) Amber Hillman			Transaction ID: 81017.E10783 Date of Disbursement	
Mailing Address 78 Commercial St. #3			10 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
,	State Zip Code MA 02215-		Amount of Each Disbursement this Period	d
Purpose of Disbursement Reimbursement see below			266.52	
Candidate Name	C	Category/ Type		
Senate President	ment For: Primary General Other (specify)		REIMBURSEMENT SEE BELOW	
State: District:				
Full Name (Last, First, Middle Initial) Amber Hillman			Transaction ID: 81017.E10780 Date of Disbursement	
Mailing Address 78 Commercial St. #3			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	State Zip Code MA 02215-		Amount of Each Disbursement this Period	d
Purpose of Disbursement	. Г		256.06	
A. Hillman reimbursement for parking food and train Candidate Name		Category/		
		Type		
Senate President	ment For: Primary General Other (specify)		A. HILLMAN REIMBURSEMENT FOR PARKING FOOD AND TRAV- EL	
State: District:				
SUBTOTAL of Disbursements This Page (optional)		>	687.58	

TOTAL This Period (last page this line number only)

	CHEDULE B (FEC Form 3X)	Use sec	arate schedule(s)	_		NUMBE	R:			P	AGE	20 /	45
Τ	EMIZED DISBURSEMENTS	for each	category of the Summary Page	<u>`</u>	eck only 21b 27	22 28a		23 28b		24 28c	F	25 29	
	ny Information copied from such Reports and Stat for commercial purposes, other than using the na												3
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)												
/	Massachusetts Republican State Congre	essional Co	mmittee										
	Full Name (Last, First, Middle Initial) Amber Hillman							on ID			7.E1	0782	
	Mailing Address 78 Commercial St. #3						_	/ D	1 0	j / E	Y 2	2 o ŏ 8	3 Y
	City	State	Zip Code			Amou	ınt o	f Each	ı D	isburse	emer	nt this f	Period
	Boston	MA	02215-					-				04.50	
	Purpose of Disbursement Reimbursement for parking food and travel			•				_				84.59	
	Candidate Name			atego Type	•								
	Office Sought: House Disbu	Primary Other (sp	General ecify) ▼			REIM FOOI	BUI D AI	RSEN ND TI	ЛЕ RA	NT FO	OR I	PARK	ING
	State: District:												
	Full Name (Last, First, Middle Initial) Amber Hillman							on ID:		81017 ent	7.E1	0781	
	Mailing Address 78 Commercial St. #3					1 ^M 0	М	/ D 1	1 0	/	Ý	ó o è	3 Y
	City Boston	State MA	Zip Code 02215-			Amou	ınt o	f Each	ı D	isburs	emer	nt this I	Period
	Purpose of Disbursement Reimbursement see below										3	311.08	3
	Candidate Name			atego Type									
	Office Sought: House Disbu Senate President	rsement For: Primary Other (sp	General ecify) ▼			REIM	BU	RSEN	ЛE	NT S	EE E	BELO	W
	State: District:												
	Cull Name (Last Circt Middle Initial)					_	. a a ti	on ID		81017	7.E1	0784	
	Full Name (Last, First, Middle Initial) Bjs Wholesale Club							isburs		ent			
						Date		isburs			Ž	ó o š	3 Y
	Bjs Wholesale Club	State MA	Zip Code 02155-			Date 1 ^M 0	of D	isburs	em I 0	/	emer	nt this I	Perio
	Bjs Wholesale Club Mailing Address 909 The Fellsway City	MA		•		Date 1 ^M 0	of D	isburs	em I 0	/	emer		Period
	Bjs Wholesale Club Mailing Address 909 The Fellsway City Medford Purpose of Disbursement	MA		atego Type		Date 1 0	of D	isburs	em I 0	/	emer	nt this I	Period
	Bjs Wholesale Club Mailing Address 909 The Fellsway City Medford Purpose of Disbursement A. Hillman reimbursement for food and office su Candidate Name	MA	02155-	atego Type		Date 1 ^M 0	Int o	f Each		isburse	emer 3	at this F	Period

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:	PA	AGE 21 /	45
ITEMIZED DISBURSEMENTS	for each category of the	(check only	<u> </u>			
_	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Stater		by any person t	for the purpose of	soliciting co	ontribution	ns
or for commercial purposes, other than using the nam	e and address of any political of	committee to so	licit contributions f	rom such o	committee	•
NAME OF COMMITTEE (In Full)	sianal Cammittas					
/ Massachusetts Republican State Congres	sional Committee					
Full Name (Last, First, Middle Initial)			Transaction II	D : 81017	'.E10766	 3
Lyndsay Jones			Date of Disburs			
Mailing Address 16 Oval Road			10	01/	ŽOŎ	8
City Quincy	State Zip Code MA 02170-		Amount of Eac	h Disburse	ment this	Period
Purpose of Disbursement Reimbursement for travel and parking					116.7	9
Candidate Name		Category/ Type				
Senate President	ement For: Primary General Other (specify)		REIMBURSE AND PARKIN	MENT FO	OR TRAV	VEL
State: District: Full Name (Last, First, Middle Initial)						
Brett Kasper			Transaction II Date of Disburs	sement		
Mailing Address 43 Eastern Ave. Apt. 3			10	10	ŽOŎ	8
City Lynn	State Zip Code MA 01902-		Amount of Eac	h Disburse	ment this	Period
Purpose of Disbursement Accounting Services	0.002				400.0	0
Candidate Name		Category/ Type				
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		ACCOUNTIN	G SERVI	CES	
State: District:						
Full Name (Last, First, Middle Initial) Barney Keller			Transaction II Date of Disburs		.E10767	7
Mailing Address 187 Lewis Rd.			10	01	ŽOŎ	8 ^Y
City Belmont	State Zip Code MA 02478-		Amount of Eac	h Disburse	ment this	Period
Purpose of Disbursement reimbursement for travel		•			127.8	8
Candidate Name		Category/ Type				
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		REIMBURSE	MENT FO	OR TRAV	VEL
SUBTOTAL of Disbursements This Page (optional)					644.6	7
TOTAL This Period (last page this line number only						
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SCHEDULE B (FEC Form 3X)		EOR LINE	NUMBER: PAGE 22 / 45
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem			
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political	committee to sol	licit contributions from such committee
Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: 81017.E10726
Barney Keller			Date of Disbursement
Mailing Address 187 Lewis Rd.			10
City Belmont	State Zip Code MA 02478-		Amount of Each Disbursement this Period
Purpose of Disbursement			123.79
Reimbursement for travel and parking Candidate Name		Category/	
Cardidate Name		Type	
Office Sought: House Disburse Senate	ement For: Primary General		REIMBURSEMENT FOR TRAVEL AND PARKING
President	Other (specify)		AND PARKING
State: District:			
Full Name (Last, First, Middle Initial) Adam Lamontagne			Transaction ID: 81017.E10711 Date of Disbursement
Mailing Address 44 Montclair St.			10
City Chicopee	State Zip Code MA 01013-		Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement for travel and food			121.99
Candidate Name		Category/ Type	
ÿ H -	ement For:	71	REIMBURSEMENT FOR TRAVEL
Senate President	Primary General Other (specify)		AND FOOD
State: District:			
Full Name (Last, First, Middle Initial) Merchants Bankcard			Transaction ID: 81126.E10811 Date of Disbursement
Mailing Address Fleet Bank 100 Federal Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
Boston Purpose of Disbursement	MA 02110-	-	25.00
Credit Card Fee			
Candidate Name		Category/ Type	
	ement For:		CREDIT CARD FEE
Senate President	Primary General Other (specify) ▼		
State: District:	•		
SUBTOTAL of Disbursements This Page (optional)			270.78

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN	NE NUMBER: PAGE 23 / 45						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1-	21b 27	22 28a	23 28b	24 28c	25			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			ny persor	for the pu	urpose of s	oliciting co	ontributio	ons		
NAME OF COMMITTEE (In Full)										
Massachusetts Republican State Congress	ional Committee									
Full Name (Last, First, Middle Initial) Merchants Bankcard					saction ID of Disburs		.E1081	10		
Mailing Address Fleet Bank				1 ^M 0	M / D) 1 / Y	ž0	Ý 8 Ý		
100 Federal Street City Boston	State Zip Code MA 02110-			Amou	unt of Each	Disburse	ment th	is Period		
Purpose of Disbursement Credit Card Fee	UZ110-			† C.			139.	.89		
Candidate Name			tegory/ ype							
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			CREI	DIT CARI	O FEE				
Full Name (Last, First, Middle Initial)				Trans	saction ID	· 81126	F1081	15		
Merchants Bankcard				Date	of Disburs	ement				
Mailing Address Fleet Bank 100 Federal Street				1 0		8	200	8 0		
,	State Zip Code MA 02110-			Amou	unt of Each	Disburse	ment th	is Period		
Purpose of Disbursement Credit Card Fee] L.			55.	.00		
Candidate Name			egory/ ype							
Senate President	ment For: Primary General Other (specify) ▼			CREI	DIT CARI	O FEE				
State: District:										
Full Name (Last, First, Middle Initial) Frontier Technology MicroAge					saction ID of Disburs		'.E1067	73		
Mailing Address PO Box 29451				1 ^M 0	M / D	1 /	ž 0 (y 8 °		
City Phoenix	State Zip Code AZ 85062-			Amou	unt of Each	Disburse	ment th	is Period		
Purpose of Disbursement Computer/ Printer supplies		Г			0 0		5855.	.78		
Candidate Name			egory/ ype							
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			СОМ	IPUTER/	PRINTE	R SUP	PLIES		
State: District:	· · · · · · · · · · · · · · · · · · ·									
SUBTOTAL of Disbursements This Page (optional)			▶				6050.	67		

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)		arate schedule(s)		OR LIN		R:			PA	GE	24 / 4	45	
ITEMIZED DISBURSEMENTS		category of the Summary Page	P	_	22 28a	П	23 28b	П	24 28c	П	25 29	П	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam												5	
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Con	nmittee											
Full Name (Last, First, Middle Initial) Konica Minolta Business Systems Mailing Address P.O. Box 7247-0322					Trans		isburs	_	-		0716 0 0 8	3 Y	
City Philadelphia	State PA	Zip Code 19170-0322			Amou	nt o	f Each	n Dis	burse	-	-	-	d
Purpose of Disbursement Copier Candidate Name				egory/	<u></u>		•			7.	22.93		
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General	Ту	/pe	COPII	ER							
Full Name (Last, First, Middle Initial) NStar Electric					Trans			_	-			Y	
Mailing Address PO Box 970030 DO NOT MAIL					1 0) 1	Ĺ	2	ο ὁ ε	3	
City Boston	State MA	Zip Code 02297-0030			Amou	nt o	f Each	n Dis	burse	men	t this F	Perio	d
Purpose of Disbursement Utilitiy				Ċ	L.	_				_	1.50		
Candidate Name				egory/ /pe									
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼			UTILI ⁻	ΤΙΥ							
Full Name (Last, First, Middle Initial) NStar Electric					Trans					.E1	0717		
Mailing Address PO Box 970030 DO NOT MAIL					1 ^M 0	М	/ D 1	0	/ Y	ž	0 0 8	3 Y	
City Boston	State MA	Zip Code 02297-0030			Amou	nt o	f Each	n Dis	burse	-			d
Purpose of Disbursement Utility										3	52.10		
Candidate Name	ement For:			egory/ /pe									
Office Sought: House Disburse Senate President	Primary Other (spe	General cify) ▼			UTILI ⁻	ΤY							
State: District:						_				_			_
SUBTOTAL of Disbursements This Page (optional)			 	. •	L.					107	76.53		

TOTAL This Period (last page this line number only)

	CHEDULE B (FEC FOIII 3X)		rate schedule(s)	(check or	IE NUMBER: PAGE 25 / 45
	EMIZED DISBURSEMENTS	Detailed S	category of the Summary Page	X 21b 27	22 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and Stater for commercial purposes, other than using the name				
ر. ا ا	NAME OF COMMITTEE (In Full)		o. any pontious	 	22 SS.III. SS.III. SS.III. SS.III. SS.III. SS.III.
\rangle	Massachusetts Republican State Congres	sional Com	nmittee		
	Full Name (Last, First, Middle Initial) Omni Parker House				Transaction ID: 81017.E10789 Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address 60 School Street				10 01 2008
	City Boston	State MA	Zip Code 02108-		Amount of Each Disbursement this Period
	Purpose of Disbursement	1017 (02100		900.00
	Event Deposit				
	Candidate Name			tegory/ ype	
	• 🗎 –	ement For:			EVENT DEPOSIT
	Senate President	Primary Other (spe	General cify)		
	State: District:		•		
	Full Name (Last, First, Middle Initial)				Transaction ID: 81017.E10788
	Ox-Eye Properties				Date of Disbursement
	Mailing Address c/o Massey & Co. 85 Merrimac Street				10 7 0 1 7 2 0 0 8
	City Boston	State MA	Zip Code 02114-		Amount of Each Disbursement this Period
	Purpose of Disbursement Utilities	IVIZ	02114-		653.37
	Candidate Name			tegory/	
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General	 урс	UTILITIES
	Full Name (Last, First, Middle Initial) Ox-Eye Properties				Transaction ID: 81017.E10681 Date of Disbursement
	Mailing Address c/o Massey & Co. 85 Merrimac Street				M M / D D / Y Y O S Y
	City Boston	State MA	Zip Code 02114-		Amount of Each Disbursement this Period
	Purpose of Disbursement Rent				4064.50
	Candidate Name			tegory/ Type	
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General	.,	RENT
_	UBTOTAL of Disbursements This Page (optional)				5617.87

	CHEDULE B (FEC Form 3X)	Use separate schedule(s) (check only					LINE NUMBER: PAGE 26 / 45						
ſ	EMIZED DISBURSEMENTS		category of the Summary Page	X	_	22 28a	, F	23 28b		24 28c	25 29	F	26 30
	y Information copied from such Reports and State												
r 1	for commercial purposes, other than using the nar	ne and addre	ss of any politica	comm	ittee to s	olicit cor	ntribu	tions fr	om s	such c	ommittee	•	
>	NAME OF COMMITTEE (In Full) Massachusetts Republican State Congre	ecional Con	nmittoo										
	wassachusetts nepublican State Congres	ssional Con	mmuee										
	Full Name (Last, First, Middle Initial) Paychex/InterPay							tion ID:			.E10690)	
						M	M			/ Y	YY	Y	
	Mailing Address PO Box 8295					1 (0		2		200	8	
	City	State	Zip Code			Amo	ount (of Each	Dis	burse	ment this	Peri	od
	Boston	MA	02266-								3847.7	7	
	Purpose of Disbursement Payroll Tax			· ·	,		-	-	_		3047.7	'	
	Candidate Name				egory/								
	Office Sought: House Disburs	sement For:		1 9	pc								
	Senate	Primary	General			PAY	'ROI	LL TA	X				
	President	Other (spe	ecify) 🔻										
	State: District:												
	Full Name (Last, First, Middle Initial)								_	-	E10679	9	
	Poland Spring Poland Spring							Disburs		nt	V ::		
	Mailing Address Processing Center PO Box 52271					1 M	O M	/ DC	1	/ Y	ž 0 ŏ	8 [*]	
	City	State	Zip Code			Amo	ount (of Each	Dis	burse	ment this	Peri	od
	Phoenix	AZ	85072-								103.5	2	-
	Purpose of Disbursement Bottled Water						-		_		103.5	ې	-
	Candidate Name				gory/								
	Office Sought: House Senate President State: District:	Primary Other (spe	General ecify) ▼	,	<u>.</u>	ВОТ	TLE	D WA	ΛTE	R			
	Full Name (Last, First, Middle Initial)					Tues		ID		1017	E10707	7	
	Boston Postmaster					Date	e of D	Disburs	eme	nt	.E10787		
	Mailing Address JW MCCORMACK STA New Chardon Street	TION				1 M	O M	/ DC	1	/ Y	200	8 ^Y	
	City	State	Zip Code			Amo	ount (of Each	Dis	burse	ment this	Peri	od
	Boston Burnage of Diaburnament	MA	02114-								180.0	0	
	Purpose of Disbursement Permit Renewal			,			-	_	_		. 30.0	-	-
	Candidate Name				egory/								
	Office Sought: House Senate President State: District:	Primary Other (spe	General ecify) ▼			PEF	RMIT	RENI	≡W	AL			
_	UBTOTAL of Disbursements This Page (optional	\ \						•			4131.3	0	
_	ODIVIAL OF DISDUISEMENTS THIS Page (Optional)						-				-	=
	OTAL This Period (last page this line number only												

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SCHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)		OR LIN			R:			PA	GE	27 / 4	45
ITEMIZED DISBURSEMENTS		category of the Summary Page	X	heck or 21b 27		22 28a	_	23 28b		24 28c		25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							rpos	e of s					5
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Com	nmittee											
Full Name (Last, First, Middle Initial) Jodys Quik Print Mailing Address P.O. Box 1068						Trans Date of		sburse	_	-		0791 0 ŏ 8	B ^Y
,	State MA	Zip Code 01949-				Amou	nt of	Each	Dis	burse	men	t this F	Period
Purpose of Disbursement Letterhead Envelopes Business Cards Candidate Name			ateç Tyr	gory/							16	53.35	
Office Sought: House Senate President State: District:	ement For: Primary Other (spe	General cify) ▼				LETTI NESS	ERF CA	HEAD IRDS) E1	NVEL	OPI	ES BI	JSI-
Full Name (Last, First, Middle Initial) Bay State Realty Mailing Address 2 Park Plaza						Trans Date of		sburse	_	-		0724 0 ŏ 8	B Y
City	State	Zip Code				Amou	nt of	Each	Dis	burse	men	t this F	Period
Boston Purpose of Disbursement office space rental	MA	02116-	-	_							55	57.00	
Candidate Name			ateo Typ	gory/ be									
Senate President	ment For: Primary Other (spe	General cify) ▼				OFFI	CE S	SPAC	E I	RENT	ĀL		
State: District: Full Name (Last, First, Middle Initial)						T		ID		4047	- 4	0700	
C&w Shopping Centers						Trans Date of		sburse	eme				Υ
Mailing Address 95 State Street Suite 422						1 0			1			0 Ď 8	
Springfield	State MA	Zip Code 01103-				Amou	nt of	Each	Dis	burse	-	t this F	-
Purpose of Disbursement Rent for Office Space						-	-	-	_	-	24	00.00	
Candidate Name			ateo Typ	gory/ be									
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼				RENT	FC	R OI	FFI	CE S	PAC	E	
State: District:		· 											
SUBTOTAL of Disbursements This Page (optional) .			 								96 ⁻	10.35	

TOTAL This Period (last page this line number only)

Any I or for	MIZED DISBURSEMENTS		ategory of the ((check onl	y one)					
or for		Detailed 3	Summary Page	X 21b 27	22 28a	23 28b	24 28	c \square	25 29	2 3
1 \	Information copied from such Reports and Statem r commercial purposes, other than using the name									
I/ "	NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	ional Com	mittee							
	Full Name (Last, First, Middle Initial) Staples, Inc.					action ID		17.E1	0770	
N	Mailing Address Staples Credit Plan Dept. 80 - 0088936796				1 ^M 0	M / D	0 1 /	Ý Ž	0 ŏ 8	Y
	Dity	State IA	Zip Code 50368-9020		Amou	nt of Eacl	n Disbur			-
C	Purpose of Disbursement Office Supplies Candidate Name			atagon/					54.58	-
_		ment For:		ategory/ Type	OFFI		DUEO			
6	Senate President	Primary Other (spec	General cify) ▼		OFFIC	CE SUP	PLIES			
F	State: District: Full Name (Last, First, Middle Initial) F-Mobile T-Mobile					action ID		17.E1	0718	
N	Mailing Address PO Box 790047						1 0	Ý Ž	0 ŏ 8	Y
	,	State MO	Zip Code 63179-		Amou	nt of Each	n Disbur			-
P	Purpose of Disbursement Phone Service Candidate Name							1	58.43	-
_				ategory/ Type						
	Office Sought: House Disburse Senate President District:	ment For: Primary Other (spec	General cify) ▼		PHON	NE SER\	/ICE			
	Full Name (Last, First, Middle Initial) RA The Red Apple				Date of	action ID of Disburs	ement			
M	Mailing Address Ulla Lam P.O. Box 1579				10	M / D	0 1	ž	0 ŏ 8	<u> </u>
		State MA	Zip Code 01931-		Amou	nt of Eacl	n Disbur			-
С	Purpose of Disbursement Delegate gifts							38	44.82	
_	Candidate Name			ategory/ Type						
	Senate President	ment For: Primary Other (spec	General cify) ▼		DELE	GATE G	GIFTS			
	State: District: BTOTAL of Disbursements This Page (optional) .			▶		· ·	•	40	57.83	

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	R LINE NUMBER: PAGE 29 / 45 eck only one)							45			
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X	21b 27	22 28a		23 28b	E	24 28c		25 29	20
	y Information copied from such Reports and Statem for commercial purposes, other than using the name												3
	NAME OF COMMITTEE (In Full)	s and address of any pointed								-			
	Massachusetts Republican State Congress	sional Committee											
	Full Name (Last, First, Middle Initial) Peter Torkildsen					Trans Date				81215 ent	5.E1	0898	
	Mailing Address 1 Stony Brook Road					1 ^M 0	М	D (0 1	/ [2	0 0 8	3 ^Y
	,	State Zip Code MA 01863-				Amou	ınt o	f Each	h Di	sburse	emen	t this F	Period
	Purpose of Disbursement Reimbursement see below.			_							5	16.18	3
	Candidate Name			ateg									
	Senate President	ment For: Primary General Other (specify)				REIM	BU	RSE	ME	NT SI	EE E	BELO'	W.
	State: District: Full Name (Last, First, Middle Initial)					Trans	eacti	on ID	١-	81215	. E1	กดกว	
•	Avis Rent A Car, Inc					Date		sburs	sem	ent			Υ
	Mailing Address 7150 Humphrey Drive					1 0		(0 1	J. L	2	0 0 8	3
	,	State Zip Code MN 55111-				Amou	ınt o	f Each	h Di	sburse	emen	t this F	Period
	Purpose of Disbursement P. Torkildsen reimbursement for car rental					L.					5	16.18	3
	Candidate Name			ateg					_				
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)				(MEN MEM URSE				(ILDS R CAI	EN R RE	REIM ENTA	B- L
_	Full Name (Last, First, Middle Initial) Peter Torkildsen					Trans Date				81017 ent	7.E1	0776	
	Mailing Address 1 Stony Brook Road					1 ^M 0	М	D (0 1		2	0 0 8	3 ^Y
		State Zip Code MA 01863-				Amou	ınt o	f Each	h Di	sburse	emen	t this F	Period
	Purpose of Disbursement Reimbursement see below			•			_				6	65.68	3
	Candidate Name			ateg									
	Senate President	ment For: Primary General Other (specify)	1			REIM	BU	RSE	ME	NT SI	EE E	BELO'	W
Г	State: District:						_		_				
Ι,	UBTOTAL of Disbursements This Page (optional)				•						111	81.86	:

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s) Use separate schedule(s) (check only one) PAGE 30 / 45									
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_ I -	X 21b 27	22 28a		23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			ny persoi	n for the	ourpo	se of s	oliciting c		outions	
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee									
Full Name (Last, First, Middle Initial) Bloomington Crowne Plaza Mailing Address 5401 Green Valley Dr.				1	e of D	Disburs	: 81017 ement		0777 0 ŏ 8	B ^Y
•	State Zip Code MN 55437-		t this F	Period						
Purpose of Disbursement P. Torkildsen reimbursement for lodging	urpose of Disbursement . Torkildsen reimbursement for lodging							6	65.68	
Candidate Name			tegory/ Type	[ME	[MEMO ITEM] MEMO: P. TORKILDSEN REIMB- URSEMENT FOR LODGING					
Office Sought: Senate President State: Disburse Disburse	ement For: Primary General Other (specify)			MEI					B-	
Full Name (Last, First, Middle Initial) Peter Torkildsen				Dat	e of D	Disburs				
Mailing Address 1 Stony Brook Road				1 M	O M	/ DC	1 /	ž	0 0 8	3 ^Y
	State Zip Code MA 01863-			Am	ount o	of Each	Disburse	-		-
Purpose of Disbursement Reimbursement - see below								14	68.72	
Candidate Name			tegory/ Type							
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)			REI	MBL	JRSEN	MENT - S	SEE	BELO	OW
State: District:										
Full Name (Last, First, Middle Initial) Hyatt Minneapolis Hotel				Dat	e of D	Disburs				_
Mailing Address 1300 Nicollet Mall				1		/ DC	1 /	Ž	ο ὁ ε	3 Y
	State Zip Code MN 55403-			Am	ount (of Each	Disburse			
Purpose of Disbursement P. Torkildsen reimbursement for food and lodging								14	68.72	
Candidate Name										
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			MEI	MO: SEM	ITEM] P. TO ENT F	RKILDS OR FO	EN OD /	REIM AND I	B- _OD-
State: District:	· · · · · · · · · · · · · · · · · · ·									
SUBTOTAL of Disbursements This Page (optional) .			<u></u>					140	68.72	

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)		LEODLINE	NUMBER: PAGE 31 / 45
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
TI ENNIZED DIODOTIOENIENTO	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial)			0.015 5.0007
Peter Torkildsen			Transaction ID: 81215.E10897 Date of Disbursement
Mailing Address 1 Stony Brook Road			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City Chelmsford	State Zip Code MA 01863-		Amount of Each Disbursement this Period
Purpose of Disbursement P. Torkildsen reimbursement for food travel and p	arking	· · ·	136.00
Candidate Name	-	Category/ Type	
Senate President	ement For: Primary General Other (specify)		P. TORKILDSEN REIMBURSEME- NT FOR FOOD TRAVEL AND PA- RKING
State: District:			
Full Name (Last, First, Middle Initial) Peter Torkildsen			Transaction ID: 81215.E10899 Date of Disbursement
Mailing Address 1 Stony Brook Road		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix} $	
City Chelmsford	State Zip Code MA 01863-		Amount of Each Disbursement this Period
Purpose of Disbursement			2075.72
Reimbursement - see below Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)	Турс	REIMBURSEMENT - SEE BELOW
State: District:			
Full Name (Last, First, Middle Initial) Bloomington Crowne Plaza			Transaction ID: 81215.E10903 Date of Disbursement
Mailing Address 5401 Green Valley Dr.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City Minneapolis	State Zip Code MN 55437-		Amount of Each Disbursement this Period
Purpose of Disbursement P. Torkildsen reimbursement for food and lodging			2075.72
Candidate Name		Category/ Type	MENO ITEM
Senate President	ement For: Primary General Other (specify)		[MEMO ITEM] MEMO: P. TORKILDSEN REIMB- URSEMENT FOR FOOD AND LOD- GING
State: District:			
SUBTOTAL of Disbursements This Page (ontional)			2211.72

TOTAL This Period (last page this line number only)

5	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)	-	NUMBER: PAGE 32 / 45
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 27	y one) 22 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam			by any person f	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	e and addre	533 OF ALTY POLITICAL	COMMINICIEC TO 30	incit contributions from such committee
$ \rangle$	Massachusetts Republican State Congres	sional Cor	mmittee		
,	Full Name (Last, First, Middle Initial) Verizon				Transaction ID: 81017.E10719 Date of Disbursement
	Mailing Address P.O. Box 1				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
	City Worcester	State MA	Zip Code 01654-		Amount of Each Disbursement this Period
	Purpose of Disbursement Phone				462.37
	Candidate Name			Category/ Type	
	Senate President	ement For: Primary Other (spe	General ecify) ▼		PHONE
_	State: District: Full Name (Last, First, Middle Initial)				
	Robert Willington				Transaction ID: 81017.E10748 Date of Disbursement
	Mailing Address 12 Arlington Street				10 7 0 1 7 2 0 0 8
	City Reading	State MA	Zip Code 01867-		Amount of Each Disbursement this Period
	Purpose of Disbursement R. Willington reimbursement for hotel				110.00
	Candidate Name			Category/ Type	
	Senate President	ement For: Primary Other (spe	General ecify) ▼		R. WILLINGTON REIMBURSEME- NT FOR HOTEL
	State: District: Full Name (Last, First, Middle Initial)				04047 F40750
	Robert Willington				Transaction ID: 81017.E10750 Date of Disbursement
	Mailing Address 12 Arlington Street				10 1 7 2008
	City Reading	State MA	Zip Code 01867-		Amount of Each Disbursement this Period
	Purpose of Disbursement R. Willington reimbursement for paking mileage a	nd travel			147.09
	Candidate Name			Category/ Type	
	Senate President	ement For: Primary Other (spe	General ecify) ▼		R. WILLINGTON REIMBURSEME- NT FOR PAKING MILEAGE AND TRAVEL
	State: District:				

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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 21b 27	one) 22
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	ional Committee		
Full Name (Last, First, Middle Initial) Robert Willington Mailing Address 12 Arlington Street			Transaction ID: 81017.E10749 Date of Disbursement MOM / DOD / Y Y Y O O 8
,	State Zip Code MA 01867-		Amount of Each Disbursement this Period
Purpose of Disbursement R. Willington reimbursement for pizza for training Candidate Name		Category/ Type	183.15
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)	1,500	R. WILLINGTON REIMBURSEME- NT FOR PIZZA FOR TRAINING
Full Name (Last, First, Middle Initial) Robert Willington Mailing Address 12 Arlington Street			Transaction ID: 81017.E10722 Date of Disbursement M M M / D D M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code MA 01867-		Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement for office supplies and travel Candidate Name		Category/ Type	129.65
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		REIMBURSEMENT FOR OFFICE SUPPLIES AND TRAVEL
Full Name (Last, First, Middle Initial) Robert Willington			Transaction ID: 81017.E10721 Date of Disbursement
Mailing Address 12 Arlington Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
	State Zip Code MA 01867-		Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement for travel Candidate Name		Category/	136.28
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	Туре	REIMBURSEMENT FOR TRAVEL
State: District:			
SUBTOTAL of Disbursements This Page (optional) .			449.08

TOTAL This Period (last page this line number only)

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	CHEDULE B	•	•	Use separate schedule(s) FOR L						R:		PA					
IT	EMIZED DISE	BURSEMEN	ITS		category of the Summary Page		X	21b 27	22 28a		23 28b		24 28c	Н	25 29		26 30b
	y Information copied for commercial purpo			•		•	•	•		•			_				
\	NAME OF COMMIT	ΓΤΕΕ (In Full)															
<u>/</u>	Massachusetts F	Republican State	e Congress	ional Con	nmittee												
	Full Name (Last, Fir Robert Willingtor	•							Date o	of Dis	sburs	eme	1017. ent			Υ	
	Mailing Address	12 Arlington St	treet						1 0		1	0		. 2	0 ŏ 8		
	City Reading			State MA	Zip Code 01867-				Amou	nt of	Each	Dis	burser				d
	Purpose of Disburse Reimbursement for						•							1:	36.27		
	Candidate Name					С	ateg Typ	jory/ e									
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General General	I			REIM	BUF	RSEN	ИΕN	IT FO	R 1	RAV	EL	

SUBTOTAL of Disbursements This Page (optional)	•	136.27
TOTAL This Period (last page this line number only)	<u> </u>	53205.84

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SCHEDULE B (FEC Form 3X)	Use separate s	chedule(s)		OR LINI			l:		PA	GE	35 /	45	
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	Detailed Summ	ary Page		21b				23	24	Н	25		26
				27	\Box	28a		28b	28c		29		30b
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name												3	
NAME OF COMMITTEE (In Full)													
Massachusetts Republican State Congress	ional Committe	ee											
Full Name (Last, First, Middle Initial)					1	ransa	ctio	n ID:	81017	'.E1	0705		
Committee to Elect Beatty for US Senate						Date of							
					- 1	M M	7	^D 1	D / Y	Y	0 0 8	Y	
Mailing Address PO BOX 1599						1 0		<u> </u>	4		0 0 8	5	
City	State Zip C	Code			-	Amoun	t of I	Each I	Disburse	men	t this f	Perio	od
Harwich	MA 026	45-								-			
Purpose of Disbursement		Г		-						.2	21.76	5	
IN KIND MAILING ON BEHALF OF BEATTY FOF	1												
Candidate Name BEATTY FOR US SENATE			Cate Ty _l	,									
Office Sought: House Disburser X President State: District:	nent For: Primary Other (specify)	2008 General			II C U	N KINI ON BE IS SE	D: I HA! NA	N KIN LF O TE	ND MAI F BEAT	LIN TY	G FOR		
Full Name (Last, First, Middle Initial)					٠,	Tranca	ctio	n ID:	81017	' = 1	กรกว		
Richard Baker Committee to elect						Date of		burse	ment	.∟।	0702		
Mailing Address 288 Middle St						1 0 M	′	^D 1	4	Ž	0 ŏ 8	3 Y	
	State Zip (Amoun	t of l	Each I	Disburse	men	t this f	Perio	od
West Newbury	MA 019	85-				-							
Purpose of Disbursement IN-KIND MAILING ON BEHALF OF RICHARD BA	K			•						.7	30.33	3	
Candidate Name			Cate Ty										
Office Sought: House Disburser Senate X President	nent For: Primary Other (specify)	2008 General			C	N KIN N BE OR C	HA	LF O	ND MAI F RICH SS	LIN ARI	G BAI	KEF	3

 952.09
 952.09

State:

S	CHEDULE B (FEC Form 3X)	Llas asparata asbadula(a)	FOR LINE	NUMBER: PAGE 36 / 45
ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	y one) 22
	y Information copied from such Reports and State for commercial purposes, other than using the na		, , ,	
\rangle	NAME OF COMMITTEE (In Full) Massachusetts Republican State Congre	ssional Committee		
	Full Name (Last, First, Middle Initial) Gregory DAgostino Mailing Address 10 Liberty Sq. 4th Floor			Transaction ID: 81017.E10768 Date of Disbursement To D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Boston	State Zip Code MA 02109-		Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement Refund of Contribution Refund of contrib		010	
	Candidate Name		Category/ Type	
	Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	600.00
TOTAL This Period (last page this line number only)		600.00

SCHEDULE B (FEC Form 3X)	I ICA CANATATA CONACIIIA(C)	FOR LINE NUMBER: PAGE 37 / 45
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	check only one) 21b
Any Information copied from such Reports and Statem		y person for the purpose of soliciting contributions
or for commercial purposes, other than using the name	e and address of any political comm	ittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee	
Full Name (Last, First, Middle Initial) Kathy Clarkeson		Transaction ID: 81017.E10687 Date of Disbursement
Mailing Address 66 Kane Dr.		10 M / D D / Y Y Y O N 8 Y
,	State Zip Code MA 02066-	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll		901.85
Candidate Name		egory/ vpe
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	PAYROLL
State: District:		
Full Name (Last, First, Middle Initial) FLS Connect		Transaction ID: 81017.E10792 Date of Disbursement
Mailing Address 7300 Hudson Blvd. Ste		10 0 1 7 2 0 0 8
,	State Zip Code MN 55128-	Amount of Each Disbursement this Perio
Purpose of Disbursement FEA GOTV voter contact telephone calls		300.00
Candidate Name		egory/ /pe
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	FEA GOTV VOTER CONTACT TE- LEPHONE CALLS
Full Name (Last, First, Middle Initial) James Greene		Transaction ID: 81017.E10689 Date of Disbursement
Mailing Address 3 Brown Terrace		10 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code MA 02130-	Amount of Each Disbursement this Perio
Purpose of Disbursement Payroll		934.70
Candidate Name		egory/ /pe
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	PAYROLL
State: District:		
		-
SUBTOTAL of Disbursements This Page (optional)		2136.55

		Use separate schedule(3)	_	R LINE eck only	-			L	1 AGE	= 38/4	45
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		$\dot{\Box}$	21b 27	22 28a		23 28b	_	8c	25 29	X 3
	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) Massachusetts Republican State Congres	ne and address of any politic										5
V	Massachusetts nepublican State Congres	Sional Committee										
	Bruce Harrison Mailing Address 101 Elm St						of Di	sburs	: 810 ement		10677 Ž 0 Ŏ 8	3 Y
	City Wakefield	State Zip Code MA 01880-				Amou	ınt of	Each	Disbu	rseme	nt this F	Period
	Purpose of Disbursement Administrative Assistance Candidate Name	WA 01000-		ateg						1	000.00)
	Office Sought: House Disburs	ement For: Primary Genera Other (specify)		Тур	e	ADMI	NIS	TRA ⁻	ΓIVE	ASSIS	STANC	Œ
	Full Name (Last, First, Middle Initial) Lyndsay Jones					Date	of Di	sburs	ement		10683	
	Mailing Address 16 Oval Road					1 ^M 0	М	D C	2 /	Υ	ž 0 ŏ 8	3 ^Y
	City Quincy	State Zip Code MA 02170-				Amou	ınt of	Each	Disbu		nt this F	
	Purpose of Disbursement Payroll Candidate Name			ateg	-		•		•			
	Office Sought: House Senate President State: District:	ement For: Primary Genera Other (specify) ▼				PAYF	ROL	L				
	Full Name (Last, First, Middle Initial) Barney Keller					Date	of Di	sburs	ement		10684	_
	Mailing Address 187 Lewis Rd.					1 ^M 0	М	D C	2 /	Y	ž 0 ŏ 8	3
	City Belmont	State Zip Code MA 02478-				Amou	ınt of	Each	Disbu	rseme	nt this F	Period
	Purpose of Disbursement Payroll			•		L.	_	•		1	088.57	7
	Candidate Name			ateg								
	Office Sought: House Disburs	ement For: Primary Genera Other (specify) ▼	1			PAYF	ROL	L				
Г	2.5									33		

		arate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMEN		category of the Summary Page	21b 27	22 23 24 25 2 28a 28b 28c 29 X
Any Information copied from such Reports or for commercial purposes, other than using				
NAME OF COMMITTEE (In Full) Massachusetts Republican State				
Full Name (Last, First, Middle Initial) Adam Lamontagne				Transaction ID: 81017.E10688 Date of Disbursement
Mailing Address 44 Montclair St				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $
City Chicopee	State MA	Zip Code 01013-		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll			2010000	855.79
Candidate Name Office Sought: House	Disbursement For:		Category/ Type	
Senate President	Primary Other (spe	General ▼		PAYROLL
State: District: Full Name (Last, First, Middle Initial)				Transaction ID: 81017.E10790
Communication, Inc. Majority	d. Ot- 000			Date of Disbursement N
Mailing Address 274 Marconi Bl				
City Columbus	State OH	Zip Code 43215-		Amount of Each Disbursement this Perio
Purpose of Disbursement Payment of Debt for FEA Get Out the N Candidate Name	ote Mailing		Category/	1000.00
Office Sought: House Senate President	Disbursement For: Primary Other (spe	General ecify) ▼	Туре	PAYMENT OF DEBT FOR FEA GET OUT THE VOTE MAILING
State: District: Full Name (Last, First, Middle Initial)				T
Peter Torkildsen				Transaction ID: 81017.E10685 Date of Disbursement 10 0 2 2 0 0 8
Mailing Address 1 Stony Brook	Road			10
City Chelmsford	State MA	Zip Code 01863-		Amount of Each Disbursement this Perio
Purpose of Disbursement Payroll				1635.16
Candidate Name			Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary Other (spe	General ecify) ▼		PAYROLL
	I - '.'	•		
State: District:				

ΙΤ	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	22 23 24 25 26 28a 28b 28c 29 X 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee		
	Full Name (Last, First, Middle Initial) Robert Willington Mailing Address 12 Arlington Street			Transaction ID: 81017.E10686 Date of Disbursement
	,	State Zip Code MA 01867-	ategory/	Amount of Each Disbursement this Period 1426.44
		ement For: Primary General Other (specify) \	category/ Type	PAYROLL

SUBTOTAL of Disbursements This Page (optional)	•	1426.44
TOTAL This Period (last page this line number only)	•	10398.55

PAGE 41 / 45 SCHEDULE D (FEC Form 3X) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11247 6980.45 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 6980.45 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11259 3282.16 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3282.16 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90513.E11260 880.53 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 880.53 11143.14 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 42 / 45 **SCHEDULE D (FEC Form 3X)** (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Steve Meyers Mailing Address 1283 Main Street City ZIP Code State 03444-Dublin NH Outstanding Balance Beginning This Period Transaction ID: LS90513.E11261 219.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 219.34 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11262 5416.25 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 0.00 5416.25 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11263 32.49 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 32.49 5668.08 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 43 / 45 **SCHEDULE D (FEC Form 3X)** (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11264 3395.83 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3395.83 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11265 0.00 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 328.84 0.00 328.84 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90513.E11266 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 803.20 0.00 803.20 4527.87 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 44 / 45 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research party related Lexis-Nexis Mailing Address PO Box 7247-7090 City State ZIP Code Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11275 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 250.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11276 250.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 250.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 State ZIP Code City Philadelphia PΑ 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11277 1250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1250.00 1750.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 45 / 45 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT Support party related non fea mindShift Technologies, Inc. Mailing Address PO Box 200105 City State ZIP Code Pittsburgh PA 15251-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11291 1652.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1652.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT Support party related non fea mindShift Technologies, Inc. Mailing Address PO Box 200105 7IP Code City State Pittsburgh PA 15251-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11292 1636.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 1636.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Payment of Debt for FEA Get Out the Vote Mailing Communication, Inc. Majority Mailing Address 274 Marconi Blvd. Suite 260 ZIP Code City State Columbus OH 43215-Outstanding Balance Beginning This Period Transaction ID: LS81017.E10790 6000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1000.00 5000.00 8288.00 1) SUBTOTALS This Period This Page (optional)..... 31377.09 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

31377.09

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)